



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

HAWAII.

Quarantine transactions.

Chief Quarantine Officer Cofer reports, December 10, as follows:

Quarantine transactions in the Hawaiian Islands for the month of November, 1903:

Port of Honolulu—Incoming quarantine:

Steam vessels inspected and passed	20
Crew on steam vessels	3, 219
Passengers on steam vessels	6, 203
Sailing vessels inspected and passed	11
Crew on sailing vessels	239
Passengers on sailing vessels	6
Sick in detention from last month	0
Detention from last month	0
Sick in detention for this month	0
Detention for this month	0
Pieces of baggage disinfected	0
Packages of freight disinfected	0
Vaccinations	0
Steam vessels disinfected	0
Sailing vessels disinfected	0

Port of Hilo, Hawaii:

Steam vessels inspected and passed	0
Sailing vessels inspected and passed	2
Crew on steam vessels	0
Passengers on steam vessels	0
Crew on sailing vessels	30
Passengers on sailing vessels	8

Kahului, Koloa, and Lahaina, no transactions.

Epidemic of dengue in the Territory of Hawaii during 1903.

Assistant Surgeon Wilson, at Honolulu, reports, December 4, through the chief quarantine officer, as follows:

During the late summer of 1902 dengue was reported in Shanghai and other Chinese ports frequented by steamers calling at Honolulu, Hawaii. Two or three of the regular passenger liners, on arriving at Honolulu from the Orient at this time, reported having had a few cases of the disease soon after leaving Chinese ports. One of these vessels in particular, the steamship *Doric*, arrived September 11, having had on the voyage 12 cases of dengue, as reported by the ship's surgeon. One of these cases had the attack a few days before reaching Honolulu, but on his arrival had neither fever nor rash. This vessel was twenty-three days from Hongkong, a few days less from Shanghai, and ten days from Yokohama.

The first cases of dengue recognized as such in the Hawaiian Islands occurred in Honolulu about the 1st of January, 1903. For several weeks previously, however, cases of doubtful measles and scarlet fever had been treated by physicians. From all that can be ascertained of the situation, and the writer was in Honolulu during all the time, it is very likely that several cases of dengue occurred sufficient to act as a link between cases, convalescent or mild, arriving from the Orient during the autumn of 1902 and undoubted dengue cases first reported early in January, 1903. This opinion is further borne out by the fact that quite a number, if not a majority, of the physicians of Honolulu had never seen dengue and in addition were not on the lookout for it, principally because dengue recognized as such had never been known in the Hawaiian Islands. However this may be, suffice it to say that

dengue in the islands was first reported from Honolulu early in January, 1903, and two or three months thereafter had been reported by government physicians from all the other islands of the group. During April and May the epidemic appeared to have reached its maximum in Honolulu and has been gradually waning since until at present, December 1, 1903, only an occasional case is reported.

The number of cases of dengue that have occurred in Honolulu has been variously estimated by different physicians, and owing to the fact that cases of the disease are not reported to the board of health and many mild cases did not have a physician's aid it can only be loosely approximated. It is probably safe to say that fully one-third of the population has been attacked. Taking Honolulu's population at 40,000 (census 1900), this gives 13,000 or more cases of dengue. As the other islands have only small towns and most of the inhabitants live on the plantations the percentage of attacks is probably less with them. The population of the Territory by the census of 1900 was, in round numbers, 154,000, and a rough estimate of the number of dengue cases may be placed at 30,000, which includes the number previously given for Honolulu.

Thinking that some mention of this epidemic might be of interest to the Service, especially in view of the fact that in some previous epidemics of dengue in the United States associated with yellow fever some confusion in diagnosis has arisen, the following list of questions with the accompanying explanatory letter was addressed to the physicians of Honolulu:

HONOLULU, HAWAII, *July 8, 1903.*

Dr. _____,
Honolulu, Territory of Hawaii.

DEAR DOCTOR: I am endeavoring to collect some data in regard to dengue for the United States Public Health and Marine-Hospital Service, and I should be very much obliged if you would answer the inclosed questions and return them to me at your earliest convenience. In making these answers you will favor me by confining yourself exclusively to the facts drawn from your own cases, as well as such opinions as have been derived therefrom. In addition, it would be a great favor to receive the results of any further observations you have made, clinical notes, etc.

Dengue.

1. Please give number of cases you have had under treatment; number of cases you are now treating.
2. What is the relative susceptibility with respect to age, sex, race?
3. Do you consider the disease contagious directly from person to person, or indirectly through some medium, e. g., a mosquito or other insect?
4. If contagious, at what stage of the disease is it most likely to be conveyed to others?
5. Have you found any bacterium or protozoon that you think or know is the specific cause?
6. What is the period of incubation?
7. Have the symptoms differed in any way from text-book descriptions?
8. Has there been any mortality or grave condition?
9. What percentage of cases has shown a rash?
10. What terms would you use to characterize the rash?
11. Has nausea or vomiting been severe or persistent? Any so-called "black vomit"?
12. Has diarrhea or constipation been the rule?
13. Any jaundice hæmatogenous, or hepatogenous present?
14. Any albuminuria present?
15. What complications or sequelæ?
16. What kind of immunity does one attack confer?
17. What are the diagnostic features?
18. Have you any specific treatment?
19. What palliative measures have you found of service?

These letters were sent to 31 physicians, and replies were received from 18 (16 Americans and Europeans and 2 Japanese), including most of the more prominent ones. The following is a summary of the more important data received or statements in which a number of physicians concurred. (The writer, who saw but a few cases comparatively, will give the results of his own observations along with the others.)

1. Number of cases treated, about 3,150. Most of these returns were received during July and August, when quite a number of cases were being treated, so that at the present time this number would be several hundred larger.

2. Relative susceptibility with respect to age, sex, and race: About one-half of the answers were to the effect that infants and young children are less susceptible. A few physicians thought the percentage of attacks was lower among certain dark-skinned races, especially Chinese and native Hawaiians. No difference in sex was noted.

3. Method of transmission: The great majority said that the disease did not appear to be communicated direct from person to person; e. g., like measles. Very often persons in intimate contact with cases would not contract the disease and be attacked at another time without having been in contact with any affected person. Many peculiarities of the disease in making its attacks could be accounted for by some agent like the mosquito. The writer is otherwise informed that in a number of cases persons avoiding mosquitoes often escaped. There seemed to have been a less percentage of attacks in the suburbs. Under this heading may be recalled what was mentioned under number 2 in regard to the lower percentage among infants and young children. These persons, being put to bed early at night, largely escape mosquito bites. In this connection it may be mentioned that it is the practice of the great majority of people here to either screen the residence or use the mosquito bar about the bed the year round. The species of mosquito found in Honolulu and vicinity, and, for that matter, in all the islands, by the entomologist to the agricultural station here and by others are *Culex pipiens* (biting at night); *Stegomyia fasciata* and *Stegomyia scutellaris*, both biting, as a rule, by day.

4. The stage of the disease when it is most likely to be conveyed to others: No definite information of any value was received. Many thought it was during the stage of eruption or desquamation.

5. The cause of the disease: All answers were negative. In most cases no examination was made. The writer examined fresh blood smears in about 12 cases, but did not find any parasite. Special care was taken to search for Graham's parasite, but without avail. A few stained smears were made, but these also gave negative results. The smears were made at different stages of the disease, excepting the relapse, or second attack, which was not observed.

6. Period of incubation: This was variously given as from two days to two weeks. It was possible in a number of cases of persons arriving in town from uninfected places to ascertain the maximum time for each particular case; e. g., several cases were known to occur within ten days after arrival.

7. Have the symptoms differed in any way from text-book descriptions: Many consider that the disease was milder here than as usually given in articles on the subject. The writer, who was in the epidemic of dengue at Galveston, Tex., in 1897, is inclined to the opinion that the disease there averaged less severe than at Honolulu, with the exception of some cases at the former place that were not entirely differentiated from yellow fever.

8. Has there been any mortality or grave condition: "No" has been the usual answer. Two deaths were reported. One had as a complication purpura hemorrhagica; the other, acute nephritis.

9. The percentage having the eruption: This has been given from 10 to 100, but most physicians give 80 to 90.

10. Description of the eruption: This was variously given, as sometimes of macules, in other cases of large or small papules, sometimes like scarlet fever, and again like measles or prickly heat. There is only a slight mention of petechiae. Almost all cases of rash had itching associated with it, which in some instances was intense. Desquamation was present in a number of cases.

11. The severity of nausea or vomiting—black vomit: Nausea and vomiting were almost invariably present; in a small percentage of cases, severe and persistent. In some cases convalescence was retarded by this condition, which would persist for days after the decline of the fever. Black vomit was not noted. One case had specks of blood in vomited bile.

12. Diarrhea or constipation: One condition is mentioned as often as the other. One physician reported several cases of violent gastro-enteritis resembling ptomaine poisoning, which he thinks may be a manifestation of dengue.

13. Jaundice was not present except in one case, which had previously been affected with it.

14. Albuminuria: In most cases examinations were not made. Several observers mention slight albuminuria in a few cases. One case of acute nephritis with death has been mentioned. The writer examined for albumin in a few severe cases at the height of the fever with negative results.

15. Complications or sequelae: Inflammation of the axillary and inguinal glands was noticed in a few cases. Epistaxis was present in a number of cases. Uterine hemorrhage occurred in several instances. During convalescence marked mental depression with physical debility was of frequent occurrence.

16. Immunity conferred by an attack: Opinions are very much at variance as to the degree of immunity conferred. Some state that no immunity at all was given, while others consider that it was very decided, recurrence taking place in only a small percentage of cases. Quite a number of second and third attacks were observed. One of the most convincing facts that a very decided immunity, for a short time at least, was conferred by the first or subsequent attacks is that at the present writing, December 1, 1903, there is only an occasional case heard of in Honolulu in spite of the fact that the climatic conditions have remained practically the same and mosquitoes still abound.

17. Diagnostic symptoms: These may be referred to four main groups—pain, fever, nausea and vomiting, rash. Pain, as a rule, came on suddenly, patients frequently being able to say at what hour the attack began. The pain has been described usually as severe, agonizing, excruciating, allowing neither sleep nor rest. Its frequent location was in the back of the head, eyeballs (with injection of the conjunctiva and photophobia), neck, lumbar regions, limbs. Sometimes the muscles were very tender, and again the joints would ache. The temperature seldom went above 39.5° C.

18. No specific treatment was used. As a palliative measure it became necessary in a number of severe cases to use morphia to relieve pain and to secure sleep.

In collecting these data the writer desires to express his thanks to the physicians of Honolulu for information which was most courteously given.

JAPAN.

Report from Yokohama—Summary of plague deaths in 1903.

Assistant Surgeon Moore reports, December 9, as follows:

During the week ended December 5, 1903, bills of health were issued to 12 vessels, including 6 belonging to the United States Navy. Six vessels having an aggregate personnel of 500 crew and 673 passengers were inspected; 189 steerage passengers and 8 crew were bathed and their clothing disinfected.

During the week ended December 5 no new cases of plague occurred in Yokohama. Other communicable diseases were reported, as follows: Enteric fever, 4 cases, 0 deaths; diphtheria, 3 cases, 2 deaths.

During the present year, up to December 5, there have been reported in Yokohama 41 cases of plague, with 33 deaths; also 2 cases of doubtful plague, with 1 death.

Report from Nagasaki—Rejection of immigrants.—Sanitary Inspector Bowie reports, November 27, as follows: Number of immigrants recommended for rejection, 55.

MEXICO.

Report from Vera Cruz—Yellow fever—Smallpox on steamship Prince August Wilhelm, from Havre, via Habana.

Acting Assistant Surgeon Hodgson reports, December 21, as follows: Week ended December 19, 1903: From all causes there were reported 48 deaths, 2 being from yellow fever and 11 from tuberculosis.

On December 19 the Hamburg-American steamship *Prince August*